U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - //526

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

				State deal	1/1/	2004 Throug	h: 12 / 31	2004	
3. Name and address of person filing.				4. Name, file number, and address of labor organization.					
Name JEFFREY K MORGAN				Name NPMHU LOCAL 321					
	. person en seccession in incentrativamente de constitución interpretarion de constitución de	. Baccara baccar . Baccara-o politico e coccurrante estaba bantante estaba baccara de sensibilidad e en consistencia de entre de la composition de entre de	tis (n. 4 ginn versen wenden deutscher Ausbard auf der Gelein versein zu zu eitster ein zu erg.	Labor	Organization File N	umber 💋 🤉	7207		
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6. Nam	ary value from an employ ne and address of Employer (i			1	ents or is activel				
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State		ZIP Code + 4	### ### ### ### ### ### ### ### ### ##						
			Sigr	nature					
15. Subr	Signature and verification.			Periury an	d other applicable i	penalties of the la	414 -11 -641 :	formation	

Name of Fesoft ining JEFFREY MORGAN		The Runber O-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.									
8. Name and address of Business (including trade name, if any).	9. Business deals with:								
Name FIRST HEALTH	\$1000000000000000000000000000000000000								
Trade Name, if any: MAIL HANDLERS BENEFIT PLAN	a. Labor Organiza	tion							
P.O. Box, Bldg., Room No., if any	kommennen d John kanking								
Street 3200 HIGHLAND AVENUE	c. Employer								
City DOWNERS GROVE									
State Illinois ZIP Code + 4 60505									
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ng.							
Name FIRST HEALTH	Health Plan Marketing/Sales Hospitality								
Trade Name, if any: MAIL HANDLERS BENEFIT PLAN									
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Street 3200 HIGHLAND AVENUE	The EMPORATE AND		en harris asses arche						
SHEEL 32300 III CHILDRAY AVENOE	11.b. Approximate dollar valu	ue of such dealing. \$	245						
City DOWNERS GROVE	12.a. Nature of interest hel	wide the first state of the fi							
State Illinois ZIP Code + 4 60505	August 23, 2004 - August 24, 2004 - August 25, 2004 -	espitality Dinner (w/spouse) - \$ National Convention - \$30 National Convention - \$30 National Convention - \$30 National Convention - \$30 NC - \$50							
	12.b. Amount.	And the second section of the second	3245						
			w.r						
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			energy.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.								
Name	rannonalistent make		re-expedited a constraint						
Trade Name, if any:	(Berry Heat) below		le viim in slimbook						
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State ZIP Code + 4	reform a ZZzzzeń		And the second second second						
- Emeranci - Superioral	14.b. Amount of payment.	2000 - 20	Herebon to brow the						
13.b. Is the Business an Employer or Consultant ?		ve por tempo	September 5						